| | e in Company's premium or rate le Business: 10/18/2006 Renewa | evel produced by rate reval Business: 12/17/2006 | vision effective: |
|----------------|---|--|---------------------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | \$32,157 | -6.9% |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | *************************************** | |
| 8. | Boiler and Machinery | | · · · · · · · · · · · · · · · · · · · |
| 9. | Fire | | |
| 10. | Extended Garage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 1 | Businessowners | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| 13. | Line of Insurance | | |
| Does | filing only apply to certain terpecify? No | ritory (territories) or o | certain classes? If |
| | | | |
| Brief speci | description of filing. (If fil fy organization): Rate & Rule : | ing following rates of a | n advisory organization, |
| | | | |
| | | | |
| * Es ** Ch | timated from Inforce Premium. ange in Company's premium level | which will result from a | pplication of new rates. |
| | | | rs Insurance Company ne of Company |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

OCT 26 2006

SPRINGFIELD, ILLINOIS

Emily Chmit
Emily Schmit, Assistant Manager
Commercial Prop. & Liab. Actuarial

Change in Company's premium or rate level produced by rate revision effective 02/01/2007

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---|---------------------------------------|-------------------------------------|
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | \$1,129 | -23.1% |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organization | | n advisory |
| | | |
| * Adjusted to reflect all prior ** Change in Company's premium le result from application of new VISION OF INSURANCE VISION OF ILLINOIS/IDFPR | vel which will | |
| VISION OF INSURANCE VISION OF INSURANCE STATE OF ILLINOIS/IDFPR STATE OF ILLINOIS/IDFPR 3006 | Citizens Insurance Compan | |
| | Name of Compar | ıy |
| OCT 27 2005 | | |
| PRINGFIELD. ILLINOIS | Michele L. Holm - Sr. P | |
| POINGFIELD, ILL. | Official - Tit | le |

Change in Company's premium or rate level produced by rate revision effective 02/01/2007

| | (1) | (2) Annual Premium | (3) Percent |
|--------|---|-------------------------|---------------------|
| | Coverage | Volume (Illinois) * | Change (+ or -) ** |
| | tomobile Liability Private Passenger Commercial | | |
| 2. Au | tomobile Physical Damage Private Passenger Commercial | | |
| | ability Other Than Auto | | |
| | rglary and Theft | \$922 | 0% |
| 5. Gl | • | | |
| | delity | | |
| 7. St | | | |
| | iler and Machinery | | |
| 9. Fi | | | |
| | tended Coverage | | |
| 11. Ir | land Marine | | |
| | meowners | | |
| 13. Cc | mmercial Multi-Peril | | |
| 14. Cr | op Hail | | |
| 15. Ot | her | | |
| | Line of Insurance | | • |
| | filing only apply to certain specify: | territory (territories) | or certain classes? |
| | | | |
| | description of filing. (If ization, specify organization | | |
| | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

| MELIBANCE | Hanover Insurance Company | |
|---|---------------------------------------|--------|
| DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR | Name of Company | |
| OCT 27 2006 | Michele L. Holm - Sr. Pricing Analyst | |
| SPRINGFIELD, ILLINOIS | | F/m1 m |

| | - DIVISI | ON OF INSUCE PER SUMMARY SHE | |
|-------|--|---|--------------------------|
| Form | (RF-3) | SEP 28 2006 SUMMARY SHE | ET |
| | \ | SEP 28 2000 | |
| | Change in Company's premium or rate | e level produced by raterassion effective | 11/1/06 |
| | , | SEIELD, ILLINO | |
| | (1) \ s | PRINGFIELD, ILL | (3) |
| | _ | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| _ | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | \$2,820 | -25% |
| 5. | Glass | Ψ2,020 | 2370 |
| 6. | Fidelity | \$786 | -6.3% |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Doec | filing only apply to certain territory (te | erritories) or certain classes? If so, specify: | |
| Docs | ining only apply to certain territory (te | intolles) of certain classes: It so, specify. | |
| | | | |
| | | | |
| Brief | description of filing. (If filing follows | rates of an advisory organization, specify | organization): |
| | | 2 2005 DI 4 1 | |
| Ado | ption of ISO loss costs contained in Cl | K-2005-KLA1 | |

Markel American Insurance Company Name of Company

Deidre Balbuena, VP Product Regulatory Services
Official - Title

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

| | (RE.3) DIVISIO | ANCE SEPR | |
|-----------|--|--|--------------------------|
| Form | (RF-3) | SUMMARY SHE | ET |
| | 1 | 28 2006 | |
| | Change in Company's premium or rate | lavel produced by rate revision effective | 11/1/06 |
| | Change in Company's promium or rate | INOIS | 1111700 |
| | (1) | Annual Premium | (3) |
| | SPAILS | | Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | \$4,430 | -25% |
| 5. | Glass | 05.050 | (20) |
| 6. | Fidelity | \$5,052 | -6.3% |
| 7. | Surety | | |
| 8. 9. | Boiler and Machinery | | |
| 9. 10. | Fire Extended Coverage | | |
| 10. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | | |
| Does | filing only apply to certain territory (terr | itories) or certain classes? If so, specify: | |
| | | | |
| | | | |
| Brief | description of filing. (If filing follows r | ates of an advisory organization, specify of | organization): |
| | | | - |
| Ado | ption of ISO loss costs contained in CR- | 2005-RLA1 | |
| | | | |

Markel Insurance Company Name of Company

Deidre Balbuena, VP Product Regulatory Services
Official - Title

H29219D

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective 02/01/2007

| | (1) erage | Annual | 2) Premium (llinois)* | (3) Percent Change (+ or -)** | , - |
|---|--|-------------|---------------------------------|-------------------------------------|--------|
| 1. Automobile I Private Pa Commercial 2. Automobile Private Pa Commercial | assenger Physical Damage assenger | | | | |
| 3. Liability Ot | _ | | | | — |
| 4. Burglary and | <u>-</u> | | \$4,846 | - | 0% |
| 5. Glass | - | • | | | |
| 6. Fidelity | - | | | | |
| 7. Surety | • | | | | |
| 8. Boiler and M | Machinery | | | | |
| 9. Fire | | | | | |
| 10. Extended Cov | /erage | | | | |
| 11. Inland Marin | ne _ | | | | |
| 12. Homeowners | | | | | |
| 13. Commercial M | Multi-Peril | | | | |
| 14. Crop Hail | - | | | | |
| 15. Other | | | | | |
| Lin | e of Insurance | | | | |
| Does filing only If so, specify: | y apply to certain | territory | (territories)or | certain classes? | |
| Brief descriptiorganization, s | on of filing. (If pecify organization | filing fol | lows rates of a revised LCM. | n advisory | |
| | | | | | |
| ** Change in Co | reflect all prior r mpany's premium lev application of new | vel which w | | | |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

OCT 27 2006

SPRINGFIELD, ILLINOIS

Massachusetts Bay Insurance Company

Name of Company

Michele L. Holm - Sr. Pricing Analyst
Official - Title

| Change | in | Company | 7 ¹ S | premium | or | rate | level | produced | by | rate | revision | effective: |
|--------|----|---------|-------|---------|----|------|--------|----------|-----|-------|----------|------------|
| | | | | .8/2006 | | Rene | wal Bu | siness: | 12/ | 17/20 | 06 | |

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|---------------|---|---|-------------------------------------|
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | \$34,168 | -6.9% |
| 5. 6. | Glass | | |
| 7. | Fidelity Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Garage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| | Businessowners | | <u> </u> |
| 14. | Crop Hail | | |
| 15. | Other Line of Insurance | | |
| | hine of insurance | | |
| Does so, s | filing only apply to certain terspecify? No | ritory (territories) or o | certain classes? If |
| | description of filing. (If filfy organization): Rate & Rule | | advisory organization, |

* Estimated from Inforce Premium.

** Change in Company's premium level which will result from application of new rates.



Owners Insurance Company
Name of Company

Emily Schmit, Assistant Manager Commercial Prop. & Liab. Actuarial Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level | produced by rate revision effective | November 1, 2006 |
|---|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| Liability Other Than Auto | | |
| 4. Burglary and Theft | 192 | -25.0% |
| 5. Glass | | |
| 6. Fidelity | 21,475 | -6.3% |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage 11. Inland Marine | | |
| 11. Inland Marine 12. Homeowners | | |
| 13. Commercial Multi-Peril | . | |
| 14. Crop Hail | | |
| 14. Clop Hail 15. Other | · · · · · · · · · · · · · · · · · · · | |
| Line of Insurance | , <u> </u> | |
| Does filing only apply to certain territory (ter | | |
| of Insurance Services Office, Inc. (ISO) Con | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whic | h will result from application of new rates | |
| | | |
| | | n Insurance Company |
| | ' | Name of Company |
| | Mina-l Hı | uang, Chief Risk Officer |
| | 140019 7773 | Official – Title |
| | | |



| • | Change in Company's premium or rate | level produced by rate revision effective | 1/1/2007 |
|------------|--|--|--|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| • | Commercial | | |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | 0 | 0.0% |
| 5. | Glass | | |
| 6. | Fidelity | 43,654 | -5.6% |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. 12. | Inland Marine Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| Brief o | lescription of filing. (If filing follows | rates of an advisory organization, specify 005-RLA1 for crime (burglary and theft) | organization): |
| | effect of this filling is -5.6%. | terms (our grant y und there) | and madity. The overall late |
| ** Cl | djusted to reflect all prior rate changes nange in Company's premium level who sult from application of new rates. DIVISION OF INSURAN STATE OF ILLINOIS/IDFP STATE OF ILLINOIS/IDFP OCT 1 8 2006 | ICE R Select | ive Ins. Co. of America Name of Company |
| H2921 | SPRINGFIELD, ILLING | OIS | Official - Title |

| | | e level produced by rate revision effective | 1/1/2007 |
|--------------------------|---|--|--------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger | · | |
| 2. | Commercial Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | 35,113 | _4.8% |
| 5. | Glass | | |
| 6. | Fidelity | 131,900 | -6.1% |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail Other | <u> </u> | |
| 15. | Line of Insurance | - | |
| Does fi | iling only apply to certain territory (te | rritories) or certain classes? If so, specify: | |
| | | | |
| Brief d | | rates of an advisory organization, specify of 2005-RLA1 for crime (burglary and theft) a | |
| Brief d We a Level | re filling to adopt ISO loss costs CR-2 | 2005-RLA1 for crime (burglary and theft) a | |

| | Change in Company's premium or rat | te level produced by rate revision effective | 1/1/2007 |
|--------|---|--|-------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | 4,485 | -4.0% |
| 5. | Glass | | |
| 6. | Fidelity | 6,941 | -5.6% |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | ************************************** | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |
| Does i | filing only apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| | | | |
| We a | | s rates of an advisory organization, specify of 2005-RLA1 for crime (burglary and theft) a | |
| | | | |
| _ | | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Selective Ins. Co. of the Southeast
Name of Company

Judy Symons – State Filings Specialist

Official - Title

| | Change in Company's pre | | ed by rate |
|-------|--|--|--------------------------|
| | revision effective | November 1, 2006 | · |
| | (1) | (2) Annual Prem | |
| | <u>Coverage</u> | <u>Volume (Illing</u> | ois)* Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | - | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | * \$480 | -25.0% |
| 5, | Glass | | |
| 6. | Fidelity | 0 | -6.3% |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | - | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | - | |
| 15. | Other | | |
| | Line of Insurance | | |
| | | * 2005 Written Premiu | ım |
| | | | |
| | s Filing only apply to certain territo | ry (territories) or certain | |
| clas | ses? If so, specify: | | |
| | | | |
| | _ | | |
| Daia | f description of filing. (If filing follo | we rates of an advisory | |
| | nization, specify organization): | | mmercial Crime Advisory |
| J. 95 | _ , -p,ga | Prospective Loss Cos | |
| | | r rospective Loss co. | 313 164131011 |
| | | <u></u> | |
| | | Reference Filing Num | nber CR-2005-RLA1 |
| | | | |
| | Adjusted to reflect all prior rate c | • | |
| * | * Change in Company's premium I | | • |
| | result from application of new rat | es. | |
| | | | State National Insurance |
| | DIVISI | ON OF INSURANCE | Company |
| | STAT | ON OF INSURANCE E OF ILLINOIS/IDEPR | Name of Company |
| | | CEIVED | |
| | | ICT - 6 2006 | |

SPRINGFIELD, ILLINOIS

David M. Cleff - Senior VP
Official - Title